DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Public Health DPH 44014 (04/02)

STATE OF WISCONSIN

Bureau of Occupational Health HFS 163, Wis. Adm. Code (608) 261-6876

LEAD-FREE INSPECTION AFFIDAVIT OF PROPERTY OWNER

Read instructions below before completing this form.

This affidavit is to be completed if in the last 12 months any of these apply:

- · no paint was removed or disturbed while a component was removed,
- less than 2 square feet of paint was removed, or
- less than 2 square feet of paint was disturbed in removing a component*.

This affidavit is to be signed by the property owner, employee, or the property owner's agent. If more than 2 square feet of paint was removed or more than 2 square feet of paint was disturbed in removing a component, then the property owner will provide a clearance report or the work area will be included in a clearance portion of the lead-free inspection.

The lead company is to keep this affidavit on file as part of the lead-free inspection report. This affidavit must be available to the Department of Health and Family Services upon request.

* "Component" means a specific design, architectural or structural element or fixture of a structure that is distinguished from another component by form, function or location. Interior components include ceiling, crown molding, wall, chair rail, door, door trim, floor, fireplace, radiator or other heating unit, shelf, shelf support, stair tread, stair riser, stair stringer, newel post, railing cap, balustrade, window and trim (including sash, window head, jamb, interior sill or stool and trough), built-in cabinet, column, beam, bathroom vanity, counter top and air conditioner. Exterior components include painted roofing, chimney, flashing, gutter, downspout, ceiling, soffit, fascia, rake board, cornerboard, bulkhead, door and door trim, fence, floor, joist, lattice work, railing, railing cap, siding, handrail, stair riser, stair tread, stair stringer, column, balustrade, exterior windowsill, window trough or well, casing, sash and air conditioner [s. HFS 163.03(17), Wis. Adm. Code].

PROPERTY DESCRIPTION				
Street Address		Unit(s)		
City	State	Zip + 4	4	
Common Area Description				
I state that I am the property owner no notice or knowledge of any per or disturbing more than 2 square lead-free inspection. I understand that false or forged scertificate issued for the described certificate, failure to comply with the state of the secretary of the state of the secretary of the secretary of the secretary of the secretary of the state of the secretary of the	rson, during the present of paint whe statements made deproperty or for o	orevious 12 months, remon removing a painted cor in connection with this foother disciplinary or legal	oving a total of more of mponent from the real orm may be grounds to action. I also understands	than 2 square feet of paint Il property included in this for denying or revoking any stand that if I am issued a
Check Relationship of Signee to Des	cribed Property	☐ Property Owner	☐ Employee	☐ Property Owner's Agent
Print Name of Signee			(<u>)</u> Telephone Numl	per of Signee
SIGNATURE – Property Owner, Emp	oloyee, or Property	Owner's Agent,	Date Signed (mm	n/dd/yy)